IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	Atty Dkt. MJS-1114-186
	C# M#
YOSHITANI, N.	TC/A.U. 2614
Serial No. 10/649,955	Examiner: W. Deane, Jr.
Filed: August 28, 2003	Date: July 28, 2009
Title: TELEPHONE CONTROL SYSTEM	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.**

Fees are attached as calculated below:

Total effective claims after amendment **19** minus highest number
previously paid for **20** (at least 20) = 0 x $52.00 $0.00 (1202)/$0.00 (2202) $ 0.00

Independent claims after amendment **3** minus highest number
previously paid for **3** (at least 3) = 0 x $220.00 $0.00 (1201)/$0.00 (2201) $ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add
                                        $390.00 (1203)/$195.00 (2203) $ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)   One Month Extension $130.00 (1251)/$65.00 (2251)
                              Two Month Extensions $490.00 (1252)/$245.00 (2252)
                          Three Month Extensions $1110.00 (1253/$555.00 (2253)
                         Four Month Extensions $1730.00 (1254/$865.00 (2254)
                     Five Month Extensions $2350.00 (1255/$1175.00 (2255) $ 0.00

Terminal disclaimer enclosed, add $140.00 (1814)/ $70.00 (2814) $ 0.00

☐ Applicant claims "small entity" status.   ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee $180.00 (1806) $ 0.00

Assignment Recording Fee $40.00 (8021) $ 0.00

Other: $ **0.00**

                                              TOTAL FEE $ **0.00**

☐ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any <u>deficiency</u>, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor	NIXON & VANDERHYE P.C.
Arlington, Virginia 22203-1808	By Atty: Michael J. Shea, Reg. No. 34,725
Telephone: (703) 816-4000	
Facsimile: (703) 816-4100	
MJS:mjs	Signature: _____/Michael J. Shea/_____